						-	
•	ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
				DALLIVII I		121111111111111111111111111111111111111	
	<b>6</b>	¢.	<b>c</b>	<b>€</b>	¢	<b>©</b>	\$

APPROPRIATION FROM

## PART V DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

(1) EXECUTIVE DIREC	TOR'S	S OFFICE <sup>29, 30, 30a</sup>	AA .					
Personal Services AAA		2,624,138 <sup>a</sup> 04300		5,683,628(M)			154,764 <sup>b</sup>	6,785,746
	-	96.1 FTE)						
Health, Life, and Dental	AK .	429,879 <i>04305</i>	. '	196,262(M)			2,247°	231,370
	AU	18,843 04310		8,494(M)			193°	10,156
Salary Survey and Senior					•			
	ABB	248,845 04315		112,580(M)			1,393°	134,872
Performance-based Pay	A <i>BL</i>	136,130 04320	•	61,418(M)			795°	73,917
Workers' Compensation A	IBQ .	43,255 04325		21,628(M)				21,627
	4BV	934,947 <i>04</i> 330		461,924(M)			832 <sup>d</sup>	472,191
Legal Services and Third	<i>ال</i> ا	,	•					
Party Recovery Legal			_					
Services for 12,684 hours	ACC	780,953 <i>04335</i>		316,901(M)		65,849°	5,409°	392,794
Administrative Law	1							
Judge Services	ACM	676,943 <i>04340</i>		338,471(M)				338,472
Purchases of Services								
from Computer Center	ACW <sup>1</sup>	296,415 <i>04345</i>		131,973(M)			16,235(T) <sup>f</sup>	148,207
Payment to Risk							• .	
Management and								
Property Funds	ADD	67,493 <i>04350</i>		33,747(M)				33,746
Capitol Complex Leased						A		
Space	ADL	285,179 <i>04355</i>		142,590(M)				142,589
Transfer to the						* * *		
Department of Human				,				
Services for Related				0.00 d no 0.00				27.202
Administration	AFF	74,564 <i>04</i> 365		37,282(M)			e e	37,282

		. <u> </u>			APPROPRIATION	FROM	· · · · · · · · · · · · · · · · · · ·
	EM & BTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	S	\$	\$	\$	\$
			``				
Medicaid Management Information System							
	0,262,998 0437	· O	4,921,514(M)			149,748(T) <sup>g</sup>	15,191,736
Health Insurance	.0,202,770		1,522,521(212)				
Portability and						•	
Accountability Act of							
1996 (HIPAA) Web							
Portal Maintenance AGD	312,900 0438	1	78,225(M)				234,675
Health Insurance		+ 1 = - = - = - = - = - = - = - = - = - =					
Portability and							
Accountability Act of				•			
1996 (HIPAA) Security			(0.01(0.0			1 2100	(2.265
Rule Implementation AGG	125,600 <i>0438</i>	33	60,916(M)			1,319°	63,365
Medicaid Authorization					•		
Cards and Identification	255 (01, 0400	_	177.042(34)		1,517h		177,042
Cards AGJ	355,601 0438	5	177,042(M)		1,517		177,042
Department of Public							
Health and Environment Facility Survey and							
Certification AGS	4,000,636 04390	)	1,000,288(M)				3,000,348
Acute Care Utilization	,,000,030		2,000,200(112)		-	•	
	1,309,826 0439	5	342,529(M)			2,899	964,398
Long-Term Care							
	1,668,108 0440	0	598,813(M)				1,069,295
External Quality Review AHU	812,193 04405	5	203,048(M)				609,145
Drug Utilization Review AIA	913,025 04410		228,256(M)				684,769
Early and Periodic	,						
Screening, Diagnosis,	-						
	2,468,383 0441	5	1,234,192(M)				1,234,191
Nursing Facility Audits AIZ	864,150 <i>0442</i>		432,075(M)				432,075
	-			•			1

•						<u> </u>	 	APP	ROPRIATION	RON	1	<del></del>	
		TEM & BTOTAL	TC	OTAL		ENERAL FUND	GENERAL FUND EXEMPT		CASH FUNDS		CASH FUNDS EXEMPT		FEDERAL FUNDS
	· \$		\$		\$		\$	\$		\$.		\$	
				* *									
Hospital and Federally Qualified Health Clinic			.*- 										
Audits	AJF	250,000	04425			125,000(M)			,				125,000
Nursing Home Preadmission and											· · · · · · · · · · · · · · · · · · ·		
Resident Assessments	AJT	1,010,040	04430	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		252,510(M)			÷				757,530
Nurse Aide Certification		297,769		•		136,041(M)		r.			12,844(T) <sup>j</sup>		148,884
Nursing Home Quality	ANA	271,107		· <u>.</u>		130,011(111)							•
Assessments	AKK	26,954	04440		•	6,738(M)	•		•				20,216
Estate Recovery		700,000				3,700(11-)			350,000k				350,000
Single Entry Point	AKV	700,000	04443						,				•
Administration	44.0	59 3 10	04450			29,655(M)			•				29,655
Single Entry Point	ALC	37,310	04430			,(-;-)	+ 1			1			·
Audits	ALM	35.340	04455			17,670(M)							17,670
S.B. 97-05 Enrollment						, , ,							
Broker	ALZ	875,756	04460			437,878(M)							437,878
H.B. 01-1271 Medicaid		,					•						
Buy-in	AMD	65,081	04465										65,081
Non-Emergency		•				٠.							
Transportation Services	AMM	4,400,778	04470		2	2,200,389		,					2,200,389
•		•	57,4	132,032 <i>UAF</i>									

ADDDODDIATION FROM

<sup>&</sup>lt;sup>a</sup> For information purposes only, the appropriation includes \$361,418 and 6.0 FTE for the staffing costs associated with implementing the Health Insurance Portability and Accountability Act of 1996 and \$194,760 and 3.0 FTE for the staffing costs associated with the Colorado Benefits Management program.

<sup>&</sup>lt;sup>b</sup> Of this amount, \$124,599 shall be from the Children's Basic Health Plan Trust created in Section 26-19-105, C.R.S., and \$30,165 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 26-4-532 (7), C.R.S.

<sup>&</sup>lt;sup>c</sup> These amounts shall be from the Children's Basic Health Plan Trust created in Section 26-19-105, C.R.S.

<sup>&</sup>lt;sup>d</sup> Of this amount, \$582 shall be from the Children's Basic Health Plan Trust created in Section 26-19-105, C.R.S., and \$250 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 26-4-532 (7), C.R.S.

APPROPRIATION FROM
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ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND	CASH FUNDS	CASH FUNDS	FEDERAL FUNDS
			EXEMPT		EXEMPT	
\$	\$	· <b>S</b>	\$	\$	\$	\$

## (2) MEDICAL SERVICES PREMIUMS<sup>31, 32, 33, 34, 35, 37, 38, 39, 39a</sup> UBE

Services for 34,048 Supplemental Security Income Adults 65 and Older (SSI 65 +) at an average cost of \$19,112.45

650,740,709

Services for 5,648 Supplemental Income Adults 60 to 64 Years of Age (SSI 60 - 64) at an average cost of \$12,877.70

72,733,265 04480

Services for 10,353 Qualified Medicare Beneficiaries (QMBs) and Special Low-Income Medicare Beneficiaries (SLIMBs) at an average cost of \$979.99

10,145,840 04480

<sup>&</sup>lt;sup>e</sup> This amount shall be from third party recoveries.

f This amount shall be from the Old Age Pension Fund appropriated in the Department of Human Services, pursuant to Article 24 of the Constitution of Colorado.

<sup>&</sup>lt;sup>8</sup> Of this amount, \$146,867(T) shall be from the Old Age Pension Fund appropriated in the Department of Human Services, \$2,347 shall be from the Tobacco Litigation Settlement Cash Fund created in Section 24-22-115, C.R.S., and \$534 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 26-4-532 (7), C.R.S.

h This amount shall be from the Old Age Pension Health and Medical Care Fund, pursuant to Article 24 of the Constitution of Colorado.

<sup>&</sup>lt;sup>1</sup> This amount shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 26-4-532 (7), C.R.S.

<sup>&</sup>lt;sup>j</sup> This amount shall be from the Department of Regulatory Agencies.

<sup>&</sup>lt;sup>k</sup> This amount shall be from estate recoveries.

							APPR	OPRIATIO	N FROM		
	ITEM & SUBTOTAL	TOTA	<b>L</b>	GENERAL FUND		ENERAL FUND EXEMPT		CASH FUNDS	CAS FUNI EXEM	OS	FEDERAL FUNDS
	\$	\$	\$		\$		. \$		\$	\$	
							•		•		
Services for 46,226 Supplemental Security						٠					
Income Disabled Individuals at an average											
cost of \$12,606.79	582,761,330	04480			•	•					
Services for 49,019 Categorically Eligible							.*				
Low-income Adults at an					•				•		
average cost of \$3,639.65	178,410,002	04480				÷					
Services for 8,026 Baby Care Program Adults at								ŧ		. ,	
an average cost of	10.050.500		•								•
\$6,111.71 Services for 176 S.B.	49,052,569	04480									
01S2-12 Breast and Cervical Cancer						•					
Treatment Clients at an											
Average Cost of \$32,956.11	5,800,275	04480									
Services for 202,001 Eligible Children at an										. *	

286,097,561 04480

44,286,809

average cost of \$1,416.32

average cost of \$2,927.09

Services for 15,130 Foster Children at an

		· · · · · · · · · · · · · · · · · · ·			APP	ROPRIATION I	ROM	
	ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERA FUND EXEMPT	TUND FUNDS		CASH FUNDS EXEMPT	FEDERAL FUNDS
	\$	\$	\$	\$	\$		\$	\$
Services for 4,784 Non- Citizens at an Average Cost of \$11,433.08	54,695,848 BAN	04480 1,934,724,208 <sup>UBK</sup>	937,325,584(M)			813,076ª	29,166,690b	967,418,858
<sup>a</sup> Of this amount, \$740, service fees from private <sup>b</sup> Of this amount, \$28,1 participation under the	ely owned intermedia 51,642 represents pu	ate care facilities for the	mentally retarded, epresenting expend	pursuant to Sec itures incurred b	tion 26-4-4 y public nu	10 (1) (d) (I), Carsing homes and	R.S. I hospitals that are el	\$72,180 shall be from igible for federal financial ction 26-4-532 (7), C.R.S.

<sup>(3)</sup> Medicaid Mental Health Community Programs

(A) Program UBN Administration BEE 1,037,0	096 04485	430,346(M)			606,750
(9.0 FT	TE)		• **		
(B) Mental Health Programs					•
(1) Medicaid Mental UBS Health Capitation <sup>39b</sup>					
Capitation Base Payments for 376,174					
Estimated Medicaid Eligible Clients BEL 140,624,8	800 04487	70,312,400(M)			70,312,400
Mental Health Services for Breast and Cervical Cancer Patients  BES 71,1	175 <sup>04488</sup>			24,911°	46,264
Mental Health Institute Rate Refinance				*	
Adjustment BFA 3,097,4	499 04489	1,548,750(M)			1,548,749

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		EM & TOTAL		TOTAL	GENERAL FUND	GENERAL FUND EXEMPT		CASH FUNDS	CA FUN EXEI	IDS	FEDERAL FUNDS
	\$		\$		\$	\$	\$		\$	\$	
Alternatives to Inpatient Hospitalization at the Mental Health Institute at Pueblo Alternatives to Inpatient Hospitalization at the Mental Health Institute at Fort Logan Alternatives to the Fort Logan Aftercare Program	BFG BFN BFW	852,311 783,191 <u>310,702</u> 5,739,678	04491		426,155(M) 391,595(M) 155,351(M)						426,156 391,596 155,351
											•

APPROPRIATION FROM

<sup>&</sup>lt;sup>a</sup> This amount shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 26-4-532 (7), C.R.S.

(2) Other Medicaid UBY	•		
Mental Health Payments			
Medicaid Mental Health			
Fee for Service Payments BGG 2,827,380 04495	1,413,690(M)		1,413,690
Medicaid Mental Health			
Child Placement Agency BGO 7,440,901 04496	•	7,440,901(T) <sup>a</sup>	
Medicaid Anti-Psychotic	,	•	
Pharmaceuticals BGY 34,526,249 04497		34,526,249(T) <sup>b</sup>	•
44,794,530			

<sup>&</sup>lt;sup>a</sup> This amount is shown for informational purposes only and reflects total expenditures which originate as 50 percent General Fund appropriated to the Division of Child Welfare in the Department of Human Services and 50 percent federal funds transferred from the Department of Health Care Policy and Financing.

191,571,304 UCC

<sup>&</sup>lt;sup>b</sup> This amount is shown for informational purposes only and reflects an estimate of the portion of the Medical Services Premium line item.

		<u> </u>	APPR	OPRIATION FROM	1	<del></del>
ITEM & SUBTOTAL	TOTAL C	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	<b>\$</b>	\$	\$	
1101	200					
(4) INDIGENT CARE PROGRAM UCI						
Safety Net Provider					•	
Payments <sup>40</sup> CAA 249,688,322 04500		9,432,484(M)			115,400,000ª	124,855,838
The Children's Hospital,				•		•
Clinic Based Indigent			•			
Care CAN 6,119,760 <sub>04510</sub>	)	3,059,880(M)				3,059,880
H.B. 97-1304 Children's	. •	•				
Basic Health Plan Trust CAT 20,983,142 04520		3,296,346		210,400 <sup>b</sup>	17,476,396°	
Children's Basic Health			•			
Plan Administration CBB 4,325,385 04530	)				1,997,552 <sup>d</sup>	2,327,833
Children's Basic Health					-0.515.5001	
Plan Premium Costs <sup>41</sup> CBM 58,701,708 04540					20,545,598d	38,156,110
Children's Basic Health						
Plan Dental Benefit Costs CBV 5 620 437 04550	1				1.067.1524	2 (52 294
0,020,137					1,967,153 <sup>d</sup>	3,653,284
Comprehensive Primary				:		
and Preventive Care					5,239,789°	
Fund CCC 5,239,789 04558	•				3,233,103	
Comprehensive Primary and Preventive Care						
and Preventive Care			,			

5,239,789 04560

CCM

UCN

355,918,332

5,239,789<sup>f</sup>

**Grants Program** 

<sup>&</sup>lt;sup>a</sup> This amount represents public funds certified as representing expenditures incurred by hospitals that are eligible for federal financial participation under the Medicaid Major Teaching Hospital Program, Medicaid, and the Medicaid Disproportionate Share Payments to Hospitals Program.

<sup>&</sup>lt;sup>b</sup> This amount shall be from annual premiums paid by participating families.

<sup>°</sup> This amount shall be from the Tobacco Litigation Settlement Cash Fund created in Section 24-22-115, C.R.S., pursuant to Section 24-75-1104 (1) (b), C.R.S.

<sup>&</sup>lt;sup>d</sup> These amounts shall be from the Children's Basic Health Plan Trust created in Section 26-19-105, C.R.S.

		APPROPRIATION FROM						
ITEM O		GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS		
ď	¢	<b>c</b>	<b>C</b>	<b>c</b> ·	\$ .	\$		

<sup>&</sup>lt;sup>f</sup> This amount shall be from the Comprehensive Primary and Preventive Care Fund created in Section 26-4-1007, C.R.S., pursuant to Section 24-75-1104 (1) (g), C.R.S.

(5) OTHER MEDICAL SERVICE Services for 3,979 Old	ES UDM				
Age Pension State Medical Program clients			•		
at an average cost of \$2,701.30 <sup>42</sup> DAA 10,	748,483 <sub>04570</sub>		10,748,4	83ª	
Home Care Allowance for 4,087 Recipients at					
an average monthly cost of \$221.85. DAN 10,	880,411 04580	10,336,390		544,021(L) <sup>b</sup>	
Adult Foster Care for 58 Recipients at an average				m offe a vh	
University of Colorado	157,469 04590	149,596		7,873(L) <sup>b</sup>	
Family Medicine Residency Training		704 700 Q D			724 722
Enhanced Prenatal Care	449,444 04610	724,722(M)			724,722
	102,346 04620	51,173(M)		•	51,173
Nurse Home Visitor Program  DCC 3,	010,000 04630			1,505,000(T)°	1,505,000
S.B. 97-101 Public School Health Services <sup>43</sup> DCM 29,	717,200 04640			15,131,305d	14,585,895
	56,065,353 UDR				

<sup>&</sup>lt;sup>a</sup> This amount shall be from the Old Age Pension Health and Medical Care Fund, pursuant to Article 24 of the Constitution of Colorado.

e This amount shall be from the Tobacco Litigation Settlement Cash Fund created in Section 24-22-115, C.R.S., pursuant to Section 24-75-1104 (1) (g), C.R.S.

				· · · · · · · · · · · · · · · · · · ·	APPROPRIATION	FROM	
	ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
	\$		\$	\$	\$	\$	
				•			
b These amounts shall be fro	m local funds.				•		
<sup>c</sup> This amount shall be a trand This amount represents fun					ligible for federal fina	ncial participation under Med	caid.
(6) DEPARTMENT OF H	UMAN SERVICE	S MEDICAID-FU	NDED PROGRAMS				
(A) Executive UEA Director's Office -							
Medicaid Funding44 EAA	9,502,563 04	1655	4,751,283(M)				4,751,280
(B) Office of UEC Information Technology Services - Medicaid Funding							
Colorado Benefits  Management System 45, 46 EA  Other Office of	AL 5,299,435 04	660 660	2,772,241(M)			27,406(T) <sup>a</sup>	2,499,788
Information Technology	AV 507,026 0	4665	253,513(M)				253,513
	5,806,461				:		
<sup>a</sup> This amount shall be from	the Old Age Pension	on Fund appropriat	ed in the Department of	of Human Services	, pursuant to Article 2	4 of the Constitution of Color	ado.
(C) Office of UEE Operations - Medicaid	•				,		·
Funding EBB	5,226,867 04	570	2,613,434(M)		·	. :	2,613,433
(D) County UEG							

3,234,330(M)

5,390,549

EBN

8,624,879 04675

Administration -

**Medicaid Funding** 

							APPROPRIATI	ON FROM		
		TEM & BTOTAL	TO*	TAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT \$	\$	FEDERAL FUNDS
			•					٠.		
(E) Division of Child	UEI									
Welfare - Medicaid Funding	EBU '	79,473,510	04680		39,736,755(M)		•			39,736,755
(F) Office of Self UE Sufficiency, Disability										
Determination Service - Medicaid Funding <sup>47</sup>		1,163,662	04685		581,831(M)			•		581,831
(G) Mental Health and Alcohol and Drug	d UEM							•	-	
Abuse Services - Medicaid Funding								•		
Administration Mental Health	ECM	277,951	04690		138,976(M)					138,975
Community Programs, Goebel Lawsuit	EDR	11 655 506	04708		5,827,793(M)					5,827,793
Settlement  Mental Health Institute	s EDV	11,655,586 4,876,070			2,438,035(M)					2,438,035
Alcohol and Drug Abus Division, High Risk Pregnant Women				en e						* * *
Program	EEE	471,915 17,281,522	04715		235,957(M)					235,958

UEO

(H) Services for People with Disabilities -

**Medicaid Funding** 

						APPR	OPRIATION FI	ROM	<del>-::</del>	
	S	ITEM & UBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT		CASH FUNDS	CASH FUNDS EXEMPT		FEDERAL FUNDS
	\$		\$	\$	\$	\$		\$	\$	
Community Services - Medicaid Funding	EEM	219,038,318	04720	109,519,159(M)						109,519,159
Regional Centers - Medicaid Funding	EEW	39,362,220	04725	18,931,270(M)			:	749,840ª		19,681,110
Federally-matched Loc										
Program Costs	EEZ	16,542,353	04727					8,271,177 <sup>b</sup>	•	8,271,176
Regional Center										
Depreciation and Annu			1							
Adjustments	EFC	1,460,194	04728	730,097(M)						730,097
Services for Families a	nd						,		•	
Children - Medicaid					•					
Funding	EFF	3,745,232	04730	1,834,456(M)			76,320°			1,834,456

**UER** (I) Adult Assistance **Programs**; Community Services for the Elderly **EFO** 1,800 04760 900(M) 900 - Medicaid Funding (J) Division of Youth UET **Corrections - Medicaid EFZ** 11,563,845 04765 5,781,922(M) 5,781,923 **Funding** 

418,793,426 UEZ

280,148,317

<sup>&</sup>lt;sup>a</sup> This amount shall be from service fees from regional centers for the developmentally disabled, pursuant to Section 26-4-410 (1) (d) (I), C.R.S.

<sup>&</sup>lt;sup>b</sup> This amount represents funds certified as expenditures incurred by local governments that are eligible for federal financial participation under Medicaid.

<sup>&</sup>lt;sup>c</sup> This amount shall be from the Children's Home-and Community-based Services Cash Fund, pursuant to Section 26-4-424 (5), C.R.S.

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	ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
				-			
TOTALS PART V (HEALTH CARE							
POLICY AND FINANCING) <sup>1,2</sup>		\$3,014,504,655	\$1,258,466,091		\$12,265,64 <u>5</u>	\$265,610,328a	\$1,478,162,591

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FOOTNOTES -- The following statements are referenced to the numbered footnotes throughout section 2.

- All Departments, Totals -- Every department is requested to submit to the Joint Budget Committee information on the number of additional federaland each funds exempt FTE associated with any federal grants or private donations that are applied for or received during FY 2004-05. The - information should include the number of FTE, the associated costs (such as workers' compensation, health and life benefits, need for additional--- space, etc.) that are related to the additional FTE, the direct and indirect matching requirements associated with the federal grant or donated funds, - the duration of the grant, and a brief description of the program and its goals and objectives: 130 4/23/04 ct 11:5411
- All Departments, Totals -- The General Assembly requests that copies of all reports requested in other footnotes contained in this act be delivered 2 to the Joint Budget Committee and the majority and minority leadership in each house of the General Assembly. Each principal department of the state is requested to produce its rules in an electronic format that is suitable for public access through electronic means. Such rules in such format should be submitted to the Office of Legislative Legal Services for publishing on the Internet. It is the intent of the General Assembly that this be done within existing resources.
- Department of Health Care Policy and Financing, Executive Director's Office -- The Department is requested to submit an accounting of all line 29 items by actual expenditure. Actual expenditure is defined as final expenditure for the state fiscal year 2003-04, including post-closing payments. The Department is requested to submit this information to the Joint Budget Committee by October 31, 2004.
- Department of Health Care Policy and Financing, Executive Director's Office -- The Department is requested to submit monthly Medicaid 30 expenditure and caseload reports on the Medical Services Premiums budget to the Joint Budget Committee, by the third Monday of each month. The Department is requested to include in the report the managed care organization caseload by aid category. The Department is also requested to provide caseload and expenditure data for the Children's Basic Health Plan within the monthly report.
- Department of Health Care Policy and Financing, Executive Director's Office; and Human Services, Mental Health and Alcohol and Drug Abuse

<sup>&</sup>lt;sup>a</sup> Of this amount, \$43,825,250 contains an (T) notation, and \$551,894 contains a (L) notation.

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ITEM &	TOTAL	GENERAL	GENERAL	CASH	CASH	FEDERA	Ĺ
SUBTOTAL		FUND	FUND	FUNDS	FUNDS	FUNDS	
			EXEMPT	•	EXEMPT	,	
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Services—The Departments are requested to prepare a report that provides a needs assessment and associated recommendations on a proposed—acute treatment unit facility in Southwestern Colorado. The report is requested to consider this area's unique regional geographic factors that: (1), substantially contribute to added time, trauma, cost, and risk in the transportation of clients needing hospitalization for severe mental illness; (2)—add to the discontinuity of care, increase length of treatment, and impede the capacity to reintegrate consumers into the community; and (3)—undermine best standards of care for consumers in acute psychiatric orisis and their families. The report is also requested to address the impact—of these factors on state institutions, including the mental health institutes, and to estimate potential cost savings, and the associated impact on—municipal, county and private entities from the establishment of the proposed acute treatment unit. The report is requested to take into—consideration the March 2001, Operational Plan for the Montal Health Institutes in Colorado by the TriWest Group, the June 2001, TriWest Group—study "An Assessment of Community Mental Health Resources," and the Department of Human Services' February 15, 2002, Operational Plan—for the Montal Health Institutes. The Departments' report is requested to be provided to the Joint Budget Committee and the House and Senate—Health, Environment, Welfare, and Institutions Committees by no later than September 1, 2004.

- Department of Health Care Policy and Financing, Medical Services Premiums; and Department of Law, Criminal Justice and Appellate, Medicaid Fraud Grant -- The General Assembly requests that the Department of Law's Medicaid Fraud Control Unit produce a progress report on the Department's efforts to reduce Medicaid fraud and abuse in Colorado. The report should include: (1) estimates on the total amount of Medicaid fraud and abuse in Colorado; (2) an itemized list of total fines, costs, and restitutions recovered, on a case-by-case basis, attributable to the Medicaid Fraud Control Unit's efforts; (3) an analysis of the time and cost associated with each Medicaid fraud or abuse case prosecuted by the Medicaid Fraud Control Unit; (4) a detailed explanation of the Medicaid Fraud Control Unit's participation in the Operation Restore Trust program; (5) a detailed explanation of the Medicaid Fraud Control Unit's participation in global or national Medicaid fraud settlements, including total awards received due to them; and (6) evidence of the effectiveness of the Medicaid Fraud Control Unit in reducing the amount of Medicaid fraud and abuse in Colorado. The Medicaid Fraud Control Unit is requested to submit the report to the Joint Budget Committee by November 1, 2004.
- Department of Health Care Policy and Financing, Medical Services Premiums—The Department is requested to submit a report on the managed—care organizations' capitation gates for each population and the estimated blended rate for each aid category in effect for fiscal year 2004-05 to—the Joint Budget Committee by July 25, 2004. The Department shall include in the report a copy of each managed care organization's certification—that the reimbursement rates are sufficient to assure the financial stability of the managed care organization with respect to delivery of services—to the medicaid recipients covered in their contract pursuant to Section 26-4-115 (2) (k), C.P.S.
- Department of Health Care Policy and Financing, Medical Services Premiums -- It is the intent of the General Assembly that expenditures for these services should be recorded only against the Long Bill group total for Medical Services.

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ITEM & SUBTOTAL	TOTAL	GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	. \$	\$	\$	\$	\$	\$

- Department of Health Care Policy and Financing, Medical Services Premiums -- The General Assembly has determined that the average appropriated rates provide sufficient funds to pay reasonable and adequate compensation to efficient and economical providers. The Department should take actions to ensure that the average appropriated rates are not exceeded.
- Department of Health Care Policy and Financing, Medical Services Premiums -- The calculations of this line item include an assumption that the S.B. 03-176 will be implemented beginning in January 2005.
- Department of Health Care Policy and Financing, Medical Services Premiums—The calculations for this line item assume a reduction of \$991,288—for private duty nursing services. This reduction is based on the assumption that private duty nursing services will be limited to no more than 112—hours per week for any one client. The calculations assume the Medical Services Board will adopt rules to conform to the intent of this—appropriation.
- Department of Health Care Policy and Financing, Medical Services Premiums—The calculations for this line item assume a reduction of \$747,360—for durable medical equipment. The calculations assume the Medical Services Board will adopt rules to conform to the intent of this appropriation.
- Department of Health Care Policy and Financing, Medical Services Premiums The calculations for this line item assume an increase of —\$3,000,000. It is the intent of the General Assembly that this \$3,000,000 be used to increase the reimbursement rates to the Federally Qualify—Health Centers by increasing the inflation factor to an amount that equals \$3,000,000. The calculations assume the Medical Services Board will—adopt rules to conform to the intent of this appropriation.
- Department of Health Care Policy and Financing, Medical Services Promiums—The Department is requested to provide a progress report to the

  JBC and the House and Senate Health, Environment, Welfare, and Institutions Committees on the recommendations outlined in the Colorade—Medicaid Footnote 50a Report from November of 2000. The progress report should focus on an everview of the recommendations, department—and legislative action regarding the implementation of the recommendations, any recommendations that have not been implemented, any

  adjustments needed to address rate disparities or rate shortfalls in the community long term care continuum, and any legislative or department—action necessary to implement the feetnete 50a recommendations.

  BO UL23 OH 11:540
  - Department of Health Care Policy and Financing, Medicaid Mental Health Community Programs, Mental Health Programs, Medicaid Mental Health Capitation -- It is the intent of the General Assembly that expenditures for these services should be recorded only against the Long Bill group total for Medicaid Mental Health Capitation.

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ITEM &	TOTAL	GENERAL	GENERAL	CASH	CASH	FEDERAL
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- Department of Health Care Policy and Financing, Indigent Care Program, Safety Net Provider Payments The Department is requested to submit a report by February 1, 2005, to the Joint Budget Committee, which evaluates the use of the new methodology to distribute disproportionate share—and major teaching hospital payments.— るってしている。
- Department of Health Care Policy and Financing, Indigent Care Program, Children's Basic Health Plan Premium Costs -- This appropriation assumes an average medical cost per child of \$1,091.04 per year (\$90.92 per member per month), not including dental services, and assumes an estimated average monthly caseload of 47,600 children. The appropriation assumes 9,565 prenatal member months and 874 births for adult pregnant women served by the Children's Basic Health Plan waiver program.
- Department of Health Care Policy and Financing, Other Medical Services, Services for 3,979 Old Age Pension State Medical Program clients at an average cost of \$2,701.30. The Department is requested to submit a report by November 1, 2004, recommending changes to the benefit structure or eligibility criteria for the Old Age Pension State Medical Program. The report should include information on what medical services would be the most beneficial to include in a limited health plan that would not exceed \$10,750,000 to serve the number of people cligible for the program. The report should include information on whether it would feasible for the Old Age Pension State Medical Program to become an insurance premium sharing program rather than a traditional fee-for-service program.
  - Department of Health Care Policy and Financing, Other Medical Services, S.B. 97-101 Public School Health Services -- The Departments are requested to submit a report by November 1 of each year to the joint budget committee on the services that receive reimbursement from the federal government under S.B. 97-101 public school health service program. The report should include information on the type of services, how those services meet the definition of medical necessity, and the total amount of federal dollars that was distributed to each school under the program. The report should also include information on how many children were served by the program.
- Department of Health Care Policy and Financing, Department of Human Services Medicaid-Funded Programs, Executive Director's Office Medicaid Funding -- The appropriation in this Health Care Policy and Financing line item corresponds to the Medicaid funding in the Department of Human Services, Executive Director's Office, General Administration. As such, the appropriation contains amounts that corresponds to centralized appropriation amounts in the Department of Human Services. Consistent with the head notes to the Long Bill, the Department of Human Services is able to transfer the centralized appropriation to other appropriation line items in their appropriation bill. In order to aid budget reconciliation between the Department of Health Care Policy and Financing and the Department of Human Services, the Department of Health Care Policy and Financing is hereby authorized to make line item transfers out of this appropriation to other Department of Human Services Medicaid-funded programs appropriations in this section (5) in amounts equal to the centralized appropriation transfers made by the Department of Human Services for Medicaid funded programs in the Department of Human Services.

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- Department of Health Care Policy and Financing, Department of Human Services Medicaid Funded Programs, Office of Information Services Medicaid Funding, Colorado Benefits Management System (CBMS); and Department of Human Services, Office of Information Technology Services, Colorado Benefits Management System (CBMS) It is the understanding of the General Assembly that the primary goal of the Colorado Benefits Management System (CBMS) project is to streamline several county administrative functions by creating a single, integrated, eligibility and client management system that will minimize manual and paper intensive processes. The 1997 feasibility study that was prepared for the CBMS project included an analysis of the annual savings that would result from the statewide implementation of CBMS, estimating \$31.0 million in annual savings from all fund sources. The feasibility study did not include an analysis of the impact of medical—application sites. A re-analysis in December 2000 projects annual savings of \$13.0 million. Further project changes anticipated as of March 2002—are expected to result in the level of savings being further reduced to \$12.4 million. It is the intent of the General Assembly that, once CBMS is fully implemented statewide, various appropriations will be adjusted to reflect the resulting cost savings. It is further the intent of the General—Assembly that such adjustments be based on an objective analysis of the impact of the implementation of CBMS on the Department of Health Care—Policy and Financing, the Department of Human Services, and county departments of social services.
- Department of Health Care Policy and Financing, Department of Human Services Medicaid-Funded Programs, Office of Information Technology Services-Medicaid Funding, Colorado Benefits Management System; Department of Human Services, Office of Information Technology Services, Colorado Benefits Management System; Department of Personnel and Administration, Central Services, Document Solutions Group -- It is the intent of the General Assembly that the Department of Health Care Policy and Financing and the Department of Human Services be allowed to "roll-forward" a total of \$2,453,201 in spending authority related to Personal Responsibility and Work Opportunity Reconciliation Act moneys from FY 2003-04 to be used in FY 2004-05. It is the intent of the General Assembly that these moneys be used to pay the Department of Personnel and Administration for costs incurred with Colorado Benefits Management System data conversion.
- Department of Health Care Policy and Financing, Department of Human Services Medicaid -Funded Programs, Office of Self Sufficiency, Disability Determination Services Medicaid Funding; Department of Human Services, Office of Self Sufficiency, Disability Determination Services -- On or before October 15, 2005, the Department of Health Care Policy and Financing is requested to provide a report indicating the costs and estimated savings associated with representation from disability determination services at administrative law judge hearings regarding Medicaid eligibility determination on the basis of disability. The report should include all costs associated with attendance at administrative law judge hearings; a comparison of the denial rates for this population over the past three years; and an estimate of any savings associated with an increase in denials upon appeal.